

Appendix C: Program Implementation

Program Implementation Evaluation Tool

Why the program implementation tool?

Use this section when the healthcare implementing partner is asked whether it is appropriate to start a TB control program in a resource-poor, post-conflict, or refugee setting. TB control is not considered a part of responding to the acute stage of a humanitarian emergency. However, TB among refugees and other migratory populations is an important public health problem and as conflicts become protracted and more camps become long-term settlements, the need for TB control programs increases.

Who should do this evaluation?

This tool should be used by program managers for stable camp settings.

Further explanation of tool

There are 3 parts:

1. Evaluation worksheet for evaluator to complete
2. Scoring guide that provide suggested scores and possible time for reevaluating for implementation, if not currently
3. Explanation worksheet that explains the importance of each item scored, including references

These items have been adapted from Tuberculosis Care and Control in Refugee and Displaced Populations: an Interagency Field Manual (1) among other references (see explanations).

Program Implementation Evaluation Worksheet

Site _____ Country _____ Date _____
dd/mm/yy

Write the item's score in the last column (if yes met, give 1 point; if not met, give 0 points)

Item No.	Description	Score Yes = 1 No = 0
	Criteria for Implementation	
1	Foresee security and stability for at least 6 months	
2	National data indicate TB is an important problem	
3	Acute or emergency phase is over (mortality is <1 per 10,000 population per day)	
4	Basic water, shelter, food and sanitation needs are met	
5	Essential clinical services and basic drugs for common illnesses are available	
6	Health services are accessible to enough of the population so that persons with symptoms suggestive of TB can be identified and appropriately investigated or referred	
7	Sufficient funding is available for 12 months	
	Components Needed	
8	Received political commitment at relevant levels of leadership	
9	Developed memorandum of understanding with implementing partner's TB program coordinator and lead health agency (e.g., MOH, WHO, or UNHCR)	
10	Raised awareness in and received support from both host and displaced community	
11	Used National TB Program as a resource in TB programming	
12	Estimated staffing and training requirements (job descriptions, recruitment, training needs)	
13	Planned for patient accommodation, such as for intensive phase and other patients that require hospitalization as per determined criteria	
14	Assessed lab resources	
15	Defined supervision system	
16	Assessed physical infrastructure	
17	Established recording system	
18	Established monitoring and evaluation of the program	
	Financial Needs	
19	Estimated number of patients requiring TB treatment in the first year (plus 6 months)	
20	Determined health staff salaries	
21	Estimated drugs and other medical supply requirements and costs	
22	Estimated laboratory equipment and reagents requirements and costs	
23	Estimated transport requirements for staff and supplies	
24	Estimated physical infrastructure costs including housing for patients and pharmacy	
25	Estimated generator and fuel costs (if not already in place)	
26	Identified training infrastructure needs and estimated costs	
27	Identified needs and estimated costs of recording system	
	Drug, Reagent, and Equipment Needs	
28	Identified drug and materials procurement officer	
29	Identified potential suppliers and costs	
30	Estimated time from placing the order to arrival of drugs	
31	Procured suitable storage facilities	
32	Purchased drugs and supplies, including lab supplies	
33	Put in place drug stock management system	
A	Total Score	

Program Implementation Scoring Guide

Score/Rating Guide		
Total Score from previous page (A)		
Range	Rating	Suggested Time Until Implementation
30-33 (>=90%)	Excellent	Implementation now
25-29 (75%-89%)	Good	Reevaluate for implementation in 3-6 months
17-24 (50%-74%)	Poor	Reevaluate for implementation in 6-11 months
<=16 (<=49%)	Failed	Reevaluate for implementation in 12-18 months

Program Implementation Explanation Worksheet

Site _____ Country _____ Date _____
dd/mm/yy

Item No.	Explanation
	Criteria for Implementation
1-7	Because of concern about creating drug-resistant cases of TB and length of treatment, a TB control program should not be implemented unless stability in security, funding, basic needs of daily living, and basic clinical services are already implemented. Funding for 12 months is needed to complete treatment for the starting cohort; however, a total commitment of at least 18 months is better (1, 20).
	Components/Needed
8-10	Political commitment and awareness at all levels are critical and a memorandum of understanding or agreement can help ensure this as well as ensure completion of therapy in the event of repatriation or other movement.
11	The National TB Program (NTP) of the host country should be involved and contribute to the development and implementation of the TB control program. In addition, staff should be familiar with the regimen of the country of origin with the hope of repatriation if clinical conditions are suitable in country of origin (if not, complete therapy in host country).
12	<p>Estimates of staffing and training requirements (job descriptions, recruitment, training needs):</p> <ul style="list-style-type: none"> • 1 TB coordinator per 50,000 population served A 2008 article from South Africa cited in the methods for a health center (21): • 1 full-time professional nurse or nurse assistant • 1 doctor available at any point during clinic hours • 1 half-time general clinic assistant • 1 clerk available at any point during clinic hours.
13	A small number of very ill patients and a potentially large number of patients living at a distance will need accommodations or during intensive phase of treatment.
14-16	Determine human, material, and laboratory resource needs and cost. A source of quality control for the laboratory is also important (contact the NTP about this possibility).
17-18	Use the STOP TB strategy or other standardized templates (20 and WHO online resources, page 43). Use NTP counterparts for monitoring and evaluating.
	Financial Needs
19-27	Assessing TB burden among the population, using incident data from the population's country of origin if possible, will provide a baseline for staffing, drug, supplies, laboratory, logistics, and other needs. If country-of-origin data are not available, use host-country data. TB incidence rates will provide an idea of numbers of staff, drugs, supplies, etc. needed.
	Drug, Reagent and Equipment Needs
28-33	Drug and materials procurement officer has been identified. Use TB burden among the population to estimate baseline amount of drugs and other supplies. Besides an adequate lab, drug procurement, storage, and stock management are essential to a well-functioning program.

